13-13a - memoranda 1947-1952

October 21, 1947

MEMORANDUM

TO Dr. Faxon

FROM Miss Sleeper

Several years ago a regulation was made by the Administration that personnel should wear eyeglasses when carrying out certain procedures for patients with active gonorrheal infections. This regulation applied to eye treatments and G. U. procedures, especially where there was a possibility of any splashing of infected solutions.

Until fairly recently, patients actively infected with gonorrhea came to the G. U. Clinic in the Out-Patient Department on specific days. The nurse, therefore, could wear the glasses while caring for that particular group of patients, because they were concentrated, and were cared for one after the other.

Today, with our present appointment system, the patients with active G.C. infections come to the Clinic at any time they are given an appointment. Therefore, these patients are dealt with not in a group but individually between other cases. The question has now arisen as to whether the nurse needs to wear the eyeglasses for her protection under these circumstances, as it is a nuisance for her to put on and take off the glasses between patients. I have not discussed this with Dr. Colby, but it is my impression that it was talked over with him in the Clinic, and that he felt the glasses were not necessary.

As this was an Administrative regulation, and as it applies to patients in other parts of the Hospital as well as in the G.U. O.P.D., I should like to have your recommendation.

As I remember it this regulation was put into effect at the time an affiliating student at the Eye & Ear Infirmary lost her eye due to a G. C. infection received while caring for a baby with an actively infected eye.

Ruth Sleeper, R.N.

Director of the School of Nursing
and Nursing Service

RS:BF

March 23, 1948

MEMORANDUM

TO: Dr. Faxon

FROM: Miss Sleeper

A question has arisen because of differences in practice upon which we would appreciate an answer from the General Executive Committee.

We now follow a regulation which tends to cause confusion in orders. This regulation reads as follows:

Pre-operative orders written the night before operation take precedence over all previous orders, i.e. "nothing by mouth" would cancel all oral medications. When special tests are in progress, a special order should be written by the doctor to take care of any medication which should be given.

It would be helpful to have a more clear cut regulation which, if we interpret the above regulation correctly, might read as follows:

Pre-operative orders written the night before operation cancel all existing orders after 7 P.M. If an order for a narcotic, sedative, cathartic, etc., or treatment is to be carried out after 7 P.M., the night before operation, an order for that medication or treatment must be written.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:EF

September 18, 1948

MEMORANDUM:

TO: Dr. Faxon

FROM: Miss Sleeper

Some time ago you asked that we set down in writing our ideas as to how the hourly rates with time and a half for overtime could be applied to this Department. The following is our thinking in respect to your question:

1. Only authorized time will be paid for as overtime. Authorized overtime for personnel working on the wards would be that time assigned by the Head Nurse outside of the usual hour schedule. Such assignments must be approved by the Supervisor. In the absence of the Head Nurse the assignment must be made by the Supervisor. Authorization is to be given by no one below the Head Nurse level. For personnel in departments such as Operating Room, Blood Bank, or Central Supply Room, the approval would be given either by the Head Nurse and Supervisor, or by the Supervisor in charge. Personnel in the residences would be considered for overtime pay only when the time was authorized by the Matron in charge of the residence, with the approval of the Supervisor in charge of the residences.

2. It is our opinion that authorized overtime will be largely time during the evening or late afternoon when the staff is inadequate to the work to be done, and occasionally an extra night or part of an extra night carried by an orderly with special permission. Holiday time might be authorized as overtime if it were not possible to give the worker time during the week to make up for the Holiday.

3. We did not consider how the overtime would be figured, since I am not familiar enough with a time-clock. I presume there is some system whereby authorized overtime is checked on the time-card by the Supervisor.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:RF

September 18, 1948

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2. It is our opinion that authorized overtime will be largely time during the evening or late afternoon when the staff is inadequate to the work to be done, and occasionally an extra night or part of an extra night carried by an orderly with special permission. Holiday time might be authorized as overtime if it were not possible to give the worker time during the week to make up for the Holiday.

3. We did not consider how the overtime would be figured, since I am not familiar enough with a time-clock. I presume there is some system whereby authorized overtime is checked on the time-card by the Supervisor.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

September 17, 1948

Memorandum

To: Mr. Kinsman

From: Miss Sleeper

Long ago in the "good old days", one of your assistants, I believe it was Mr. Dahl, used to make rounds on all the wards periodically to determine what maintenance repairs were needed. This plan was tremendously helpful to us. It not only saved us constant checking and re-checking, but it gave us a feeling of security in the fact that we were keeping our equipment and building in good repair. Would it be possible now, under your present circumstances, for you to consider initiating this plan again? I realize how crowded your department is with projects, and how difficult it has been for you over these past years. Perhaps you are in an emergency stage still as we are, but I would very much appreciate talking the matter over with you, because it did so much to help our situation.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

Hold in file

Massachusetts General Hospital

Boston 14

Nathaniel W. Faxon, M.D.
Director

Ruth Sleeper, R.N.
Director, School of Nursing
and Nursing Service

February 14, 1949

MEMORANDUM

TO: Dr. Faxon

FROM: Miss Sleeper

Two or three weeks ago Mr. Gray stopped in my office to ask whether we had had any more applications for graduate nurses, on the new pay basis. At that time he mentioned the fact that a friend of his had questioned the costs of hospitalization here at the M.G.H. She had recently been a patient in what he believed was the University of Pennsylvania Hospital .

In discussing this subject he asked if I knew what the costs were in that hospital. My reply was that I would ask a nurse whom I should see shortly. This is the outcome of that discussion. Would you be interested in seeing it, and then pass it on to Mr. Gray?

Ruth Sleeper

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS: HF

Did not show to Mr. Gray because I cannot reconcile my figures & rates ours or anybody else's. Buerki has never been able to explain the difference.

September 8, 1949

MEMORANDUM

TO: Dr. Faxon

FROM: Miss Sleeper

We have considered the question of the ironing of uniforms, versus the pressing of uniforms. As I told you in conference with Mr. Clarke, I see no reason why this would not be adequate for the student aprons if they are done as well as possible on the press.

I have taken up the question of the graduate uniforms with a representative group. We are of the opinion that we would rather pay more and have the uniforms touched up by hand, rather than to wear uniforms which look so badly. It is a very real problem to keep a group of both students and graduates well groomed. I think that with the students we can probably hold the grooming in spite of the aprons. With the graduates we are all of the opinion that to have poorly laundered uniforms would finally result in a very poorly groomed group of women, and an increasing difficulty in maintaining a good standard of work so far as neatness is concerned. Mr. Clarke did not mention what would happen to the student black and white checked dresses. I should be interested in knowing what he plans to do about these too.

If the price of the white uniforms is too high without doubt the graduates will turn to the outside laundries which probably would not in any way trouble the hospital. Many of us, however, who find it difficult to get out during the week to get uniforms at the laundry or to carry them out shall continue probably regardless of price to use the laundry here.

c.c. to Mr. Clarke

RS:MW

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

Massachusetts General Hospital

Boston 14.

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLY
McLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

November 2, 1949.

Memorandum:

To: Miss Sleeper

From: Dr. Clark

In reply to your memorandum of October 29, I appreciate the difficulties in the Nursing Department in arranging for a holiday on Armistice Day.

Insofar as practicable I hope you will arrange to give that day as a holiday to nurses, aides, orderlies and ward helpers. For those who cannot take the holiday we shall give an extra day's pay.

Copies of your memorandum and this reply are being sent to the Payroll Department for their information.

Dean A. Clark

Dean A. Clark, M.D.,
General Director.

dac:arm
c.c. Miss Hernan

November 8, 1922.

Memorandum:

To: Miss Sleeper

From: Dr. Olsen

In reply to your memorandum of October 20, I appreciate the difficulties in the Nursing Department in arranging for a holiday on Armistice Day.

Inasmuch as practicable I hope you will arrange to give that day as a holiday to nurses, aides, orderlies and ward helpers. For those who cannot take the holiday we shall give an extra day's pay.

Copies of your memorandum and this reply are being sent to the Staff Department for their information.

Dean A. Olsen, M.D.,
General Director.

dmc:ann
c.c. Miss Herman

MASSACHUSETTS GENERAL HOSPITAL

October 29, 1949

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

The directive relative to the celebration of Armistice Day as a Holiday presents a dilemma to the Nursing Department, both in the General Hospital and the Baker Memorial.

This is the first year that nurses have been given the same Holiday privileges as other hospital personnel. We realized when this privilege was granted the first of the year that we could probably only give a Holiday off, or a day in lieu of the Holiday off, to every nurse only if it were necessary to do so once a month. With our present staffing only about 1/6-1/7 of our graduate nurses are off on Sunday each week or the day of a Holiday itself. All others must be given a day off during the week to make up for Sunday, and a day during the month to make up for the Holiday.

We have reviewed the situation in the General Hospital in relation to Armistice Day. It would appear that we can manage to give about 1/6 of the nurses this day off. Because Thanksgiving is still ahead, we do not believe we can give many more a day off to make up for Armistice Day. It will be possible without doubt for us to give a larger proportion of the orderlies, aides and ward helpers the Holiday off. We see no way to provide for the nurses and personnel who cannot be given this day off, other than giving them an extra day's pay. There are now employed in the General Hospital 84 staff nurses, 48 aides, 40 orderlies, and 37 ward helpers. In the Baker Memorial we have 53 staff nurses, 7 licensed attendants, 23 aides, 21 orderlies and 13 ward helpers.

In the Baker Memorial we have been making an effort to plan to open the 10th floor with the help we now possess. In other words we had planned to take a chance on the possibility of securing 6 more staff nurses. We hoped to open this floor the week of November 7th. If we were to give all staff nurses and all of the nursing personnel on the floors holiday time for Armistice Day, I fear it may be necessary for us to postpone the opening of this floor for another two weeks. Therefore, the problem of pay for personnel at the Baker Memorial is also important.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

December 27, 1949

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

We seem to be of two minds in relation to the booklet on Hospitality, Hotel? Hospital! One group of the nursing service personnel feels that it is not good to compare a hospital and an hotel, especially a hospital of this calibre, since the patients are here because of good medical practice and do not have to be "sold" the idea of paying for it. It does not seem appropriate to "play up" such things as breakfast in bed and the like.

In comparison, another group reacted favorably, thinking it was an excellent idea, and recommending that there might be some diagramatic presentation of the ratio of personnel to patients, as compared to the ratio of personnel to guests in an hotel. The also feel that certain other special services such as physical and occupational therapy, patients' library etc. might be included. This group feels that the booklet would have a great value to the hospital personnel who do not understand the reasons for costs, and yet who often are the sole means of imparting attitudes, with reliable or unreliable information, to patients and to persons outside the hospital.

I, myself, think that there is a virtue certainly in such a book, and that we might consider combining certain of this data with the data now published on the Baker. I am not familiar with the pamphlet on the Phillips House but perhaps there is one for that too , with the material of which such an idea might be integrated.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS: HF

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Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS: BF

March 13, 1950

MEMORANDUM

TO: Miss Macaulay

FROM: Miss Sleeper

Dr. Currens has asked me to give you a directive relative to the instruction of patients on Ward 4 to administer their own intramuscular injections at home. In the following paragraphs you will find the directive which has come to me from Dr. Rita Kelley, Chairman of the Nursing Procedures Committee of the General Executive Committee. These paragraphs will give you the instructions for teaching the patients. The drug in question at the moment is Protoveratrine. As this drug is now to be administered by nurses on Ward 4, and if the doctor requests that the patient be taught to give this drug at home, I see no reason why you should not proceed according to Dr. Currens direction.

"In the patient who is not emaciated, I would advise that he or she be instructed to use the anterior thigh close to the midline successively using sites from the upper thigh toward the knee, alternating between left and right leg. If the muscles of the upper arm are sufficiently well developed, these may be used alternately also, provided the amount of material to be injected is small (2 cc or less).

In the patient who does not have sufficient muscle mass on those sites, the house officer requesting instruction for the patient should be consulted for advice. In most such instances it would seem wisest to have the visiting nurse give the injections in the gluteal regions.

A # 22 1½" needle should be used. Material too viscous to pass freely through a #22 needle should not be self-administered."

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

Show Miss Leffler then file -

Massachusetts General Hospital

School of Nursing

RUTH SLEEPER, R.N.
DIRECTOR

BOSTON 14

March 16, 1950

MEMORANDUM

MAR 20 1950

TO: Dr. White

FROM: Miss Sleeper

Today, Thursday, March 16, Miss Hardeman will be moved I expect from White 11 to quarters in the nurses' residence. I am sorry it took so long to make the move but it was necessary for us to do considerable adjusting there in order to provide space for her and to prepare it adequately for her use.

Am I to presume now that it will be proper for us to continue to use the small room adjacent to the solarium, planned originally as the ward teaching room, without making any further contacts with the neurosurgical group? Do the men understand that we are to retain this room, so that there will be no further question? I should appreciate knowing from you if we have now cleared the way to make things on the floor more convenient for you, and at the same time saving for the students and Head Nurse a room where there can be proper teaching and conference work on the ward.

Ruth Sleeper
Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

3/21 Miss Sleeper,
I have just returned from a meeting. Thank you so much for your cooperation in connexion with this room. I realize that the shift must have been made at considerable inconvenience to your school of nursing and am most grateful.
We are all very happy to reserve the smaller room off the East Solarium for Miss Reid and your nurses.

James White

March 28, 1950

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

The handbook for employees states on page 25 "An employee who must be absent because of death in the immediate family (parent, husband or wife, brother or sister, children) may be allowed up to three days leave with pay with the approval of the Department Head."

This permission has never been authorized for nurses, neither has it ever been requested, since only within the last year have nurses been given holidays and some of the other privileges previously enjoyed by the lay personnel. I should like to ask now if this privilege for absence following the death of a member of a nurse's family might now be extended to the nurse with the approval of the Department Head as indicated for the lay personnel.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:MF

April 14, 1950

MEMORANDUM

TO: Mrs. Braman
Miss Lepper
Miss Meenan
Miss Perkins
Payroll Department

FROM: Miss Sleeper

Dr. Clark has requested that the following policy be made effective immediately for nurses.

"An employee who must be absent because of death in the immediate family (parents, husband or wife, brother or sister, children) may be allowed up to three days leave with pay with the approval of the Department Head."

This privilege extended heretofore according to the Personnel Policies for non-nurse employees is now to be extended to nurses.

Ruth Sleeper

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:MF

April 27, 1950

Memorandum

To: Dr. Clark

From: Miss Sleeper

Re: Additional Male Surgical Beds

If one of the orthopedic units, White 5E for example, were to be closed to orthopedic patients the following arrangements might be considered:

The plan of White 5E shows the following grouping of beds:

1 ward	16 beds
1 4-bed room	4 beds
4 single rooms	4 beds
total	24 beds

One possibility:

Allow East and West Surgical Services to divide White 5E equally between Services

	East Surgical	West Surgical
	8 ward beds	8 ward beds
	2 single rooms	2 single rooms
	2 beds in 4-bed room	2 beds in 4-bed room
total	12	12

If the above were to be added to the present twenty male surgical beds now open for each Service on White 6, each would have 32 beds for men or some of the White 5E beds could if desired be used for women.

A second plan:

Open 32 beds on White 6 and White 8 to the East and West Services respectively. Place Ward G on White 5E opening 20 of the 24 available beds. So far as numbers are concerned, this plan would be equal to plan one, and would give the Surgical Services their own wards on which to plan and work.

Problems associated with this plan are:

Ward G is a mixed men's and women's ward

Only one-third of the beds on White 5E are outside the 12-bed ward

White 5E has only one bathroom with one tub, 2 sinks, 2 toilets - would orthopedics on White 5AC wish to have the skin men or women use a White 5AC bathroom for hygienic purposes? Would they feel the same about its use for the Ward G therapeutic baths which are numerous and long of duration? Ward G of late has even used a tub on White 9 because of the demand for therapeutic baths.

A third arrangement:

Open 20 beds on White 8 to Surgical, allowing Ward G to retain 20 beds. If the Surgical Service admitted only men this would doubtless meet their needs. Ward G with its mixed sexes would have 16 out of its 20 beds in one ward. Admitting would be greatly complicated since placement of patients on G must also be made at times in terms of illness of the patient or the effect of one patient's condition upon the adjacent patients.

Ruth Sleeper, R. N.
Director, School of Nursing
and Nursing Service

RS:EM

June 23, 1950

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

At the staff conference June 23 Miss Elinor Stanford our nursing representative in the Red Cross Disaster Planning Group for the Metropolitan area made her report of a meeting held at the Gardiner Auditorium in the State House this week. During the discussion which followed Miss Stanford's report on community planning in this area, the group mentioned briefly some of our hospital plans for disaster. It has been our custom over the years, since the pre-war preparations, to bring the nursing supervisory staff together periodically to discuss the plans for disaster in order that everybody may be familiar with those plans in the event of need. One of the members of the group asked whether or not we would ever have any "team" discussion on the disaster plan. Before the war hospital administration, doctors, social workers, nurses, all those in fact directly concerned with the over-all plan and carrying it out, met together several times to think the thing through so that each one might know his part if a disaster occurred. We were very grateful for this planning at the time of the Coconut Grove disaster. The group has, therefore, asked me if I would now write you to ask whether or not the hospital is to have any meeting to discuss the Disaster Plan in which all groups concerned will be present to share in the discussion, or to hear the plan of the other groups concerned in order to know how each is expected to perform

At this same supervisory meeting we also had a report from Miss Frances Grady who is our representative at the Red Cross serving on the committee which plans with the Infantile Paralysis Foundation for the Metropolitan area. Out of Miss Grady's report grew a question not dissimilar to that pertaining to the disaster plan, namely, might it be possible for the hospital this year and for the future to have an integrated plan for the care of the poliomyelitis patients. Years ago I think such a plan pertained. If I am not mistaken it was Dr. Barr who was the leader in the planning and in the implementation of the plan. In 1949 nursing was not quite sure to whom to turn for certain directions, and sometimes seemed to stand between groups neither of which was ready to act. We are also very conscious of the fact that this year the House Staff which had the experience last year will be gone for the most part. Last year there was considerable difficulty

and sometimes delay, because the House Staff had not been oriented to the plan. Some of the men had not had opportunity to become familiar with the use of respirators, with the result that orders sometimes conflicted with the principles of the care of a patient in a respirator. We are all, of course, hoping that there will be no epidemic in this area, but there will doubtless be occasional cases which may come to the hospital. Might it be possible for us to have an over-all plan this year set up by hospital administration, medicine, physical medicine, nursing, and any other group concerned? It would be grand if we could have this plan in advance of the arrival of the first patient so that we should all be ready to move promptly and effectively.

On June 12 the enclosed directive relative to Boric Acid Solution on the Dermatology Service came to my desk. We have now removed the solution from all areas where skin patients are cared for in the General Hospital, and the Baker Memorial and the Phillips House have also been notified. In looking back at the directive sent out in 1946 and 1947 relative to the discontinuance of Boric Acid Solution as a stock solution on the wards, I find a somewhat different statement about which I should like to have your further information. The new directive states that the Boric Acid Solution will be discontinued on the Dermatology Service as well as other services, excepting on the order of visiting physicians. In the original notice which came to us in 1946-1947 as indicated in the vote, the Boric Acid Solution was to be dispensed to the wards or to the floors only when prescribed as a special prescription, not as a regular ward supply. This permitted a House Officer in charge of a ward or a Resident to order by special prescription Boric Acid when in his judgment it was best. The new directive permits only the visiting physician to do this. It is not common for a visiting physician to write orders in the General Hospital. May I have a statement as to how we are to manage this in the General Hospital?

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:RF

Miss Sleeper

6 P.M. Tues.

Mrs. Harrington says Mrs. Emerson probably going to see Dr. Clay in the A.M.

June 26, 1950

Memorandum

To: Dr. Clay

From: Miss Lepper

We are again experiencing difficulty in reaching the telephone operator in the early morning hours.

On Sunday morning, June 25th, when the night supervisor reached White 6 at 6:30 she was told that the nurse had been trying to reach her since 3:00 a.m., and that the student had called the operator four times. When the operator was spoken to about this, she insisted that the student was not telling the truth. A few mornings ago one of the other night supervisors had a similar experience although the duration was only one hour. At that time the same operator, Mrs. Emerson, insisted that she had given the call to the supervisor, who declares that she did not receive it.

This situation has been going on for a long period of time. I have talked with Mrs. Harrington, the chief telephone operator, who has been most cooperative. I have also talked with Mrs. Emerson. Although there are many students and graduates who have had the same type of complaint, and several night supervisors have been involved, Mrs. Emerson blames the nurse each time, and declares either that she does not receive the call, or that she does call, whichever the case may be.

We have discussed this matter in staff conferences. Miss Sleeper and her staff feel that the situation is too serious in relation to patient care for the matter to continue.

Edna S. Lepper, R. N.
Assistant Director of the
Nursing Service

ESL:EM
cc: Miss Sleeper
Mrs. Harrington

Miss Sleeper

Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLY
McLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

February 8, 1950

MEMORANDUM

TO: Dr. Clark

FROM Miss Sleeper

RE: A Public Health Nurse Assigned to Work Out of an Out-Patient Department Clinic for the Primary Purpose of Teaching Student Nurses

Recently I talked with Miss Elizabeth Howland who is the Director of the Boston Visiting Nurse Association relative to a plan whereby a Public Health Nurse might be assigned to the M.G.H. Out-Patient Department by the Visiting Nurse Service; her salary to be paid by the M.G.H. School of Nursing, since her responsibility next to the proper care of patients would be the instruction of student nurses who were assigned to observe with her in the homes.

Miss Howland has now discussed this with her Board and questions the practicality of the plan. However, if it is all right with the Hospital, she would like to send a nurse over into an Out-Patient Clinic, or perhaps more than one Out-Patient Clinic, to observe to see what possibilities she can determine for a substitute for the proposed plan. Would there be any objection if Miss Howland wishes to do this?

I am not sure at the moment how this nurse is to be financed during this period, but I will discuss this again with Miss Howland, if it is all right for her to be assigned to the Clinic. I have not discussed this matter with Dr. Lichty, but shall do so if you see no reason why we could not go ahead.

R Sleeper
Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

I have now talked about this with Miss Meenan who sees no reason why such a study would not be a good approach to the question. RS.

2/8/50
Seems a good way to start. O.K.

February 4, 1929

MEMORANDUM

TO: Mr. Odlum

FROM: Mr. Bloomer

SUBJECT: I talked Visiting Nurse Association in New York City or the Out-Patient Department Clinic for the Bronx. Purpose to develop Economic Independence

Recently I talked with Miss Wilkinson, Director of the Visiting Nurse Association relative to a plan whereby a public health nurse might be assigned to the Out-Patient Department of the Visiting Nurse Service, but only to be paid by the U.S. School of Medicine. Since her responsibility would be for the education of students, we felt it would be the position of a public health nurse who would be effectively lost in the shuffle.

Miss Wilkinson has not been very keen with her work, but she has made a good deal of progress. However, it is all right with me if she would like to be a nurse over into as out-patient clinic or another more like the out-patient clinic. In observing to see that consultations are kept in a separate for instructed them. Nothing more on my part in this volume I do not.

I am not sure, Mr. Odlum, how this matter is to be financed during the period, but I will discuss this with Miss Wilkinson. If it is all right for me to be engaged to the Bronx. I have not discussed this matter with Mr. Lewis. Mr. Odlum, you may if you see no objection.

Mrs. Bloomer

Director of the School of Nursing

Mrs. Burgess-Barrage

August 7, 1950

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

We have now had in the Nursing Service two letters asking us not to send patients home on 1) intramuscular medications in oil vehicles, and 2) ACTH.

The first one, which is the letter enclosed with this memorandum, was written to you from Brockton. The second one was written to the Head Nurse on Bulfinch 2 from the Lowell Massachusetts Visiting Nurse Service. This letter was given to Doctor Berg. The letter asked us not to send patients to them for administration of ACTH. Apparently the nurse had been confused in the dosage, and the Board of Directors of the Visiting Nurse Service in Lowell had voted that the medication never again be given, or at least not given again until the Board acted further.

It was my first intent to write to these Visiting Nurse Services, telling them of our situation here, the tremendous amount of intramuscular medication given in oil preparations and the growing use of ACTH and similar medications. I thought I might also mention the amount of such medications administered now by young students under supervision, and perhaps offer to send them, if they wished to have them, copies of our procedure for the administration of medications. It seemed wisest, however, for me to check with you, thinking that perhaps if the letter went to them from the Director of the Hospital that it would carry more weight with their Boards of Directors. Obviously, we are going to give more of these preparations and obviously we are going to send more patients home with such medications to be continued. Would you think it might be wise to have a letter go from your office to these two agencies and to any others which might write to us? Or, would you think a better approach might be through the Massachusetts Division of the Public Health Nursing Organization, asking their interest in discussing this problem at some of their meetings?

Ruth Sleeper, R.N.
Director of the School of Nursing
And Nursing Service

RS:BF

January 12, 1951

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

A very long time ago I wrote to you relative to the fact that we were having difficulty when patients were discharged with orders for ACTH to be continued at home. At that time you suggested that I compose a letter which would give you the necessary data about this. The problem seemed so obscure, and so many people were involved in it, that instead of writing a letter I tried with Miss Farrisey, the Public Health Nurse here at M.G.H., to approach the problem from a different angle.

Yesterday we met with the Board of Directors of the Massachusetts Organization for Public Health Nursing to discuss the matter with them. We learned, during this discussion, with both the V.N.A. Board members and supervisors, that the problem basically is one of lack of information and insecurity in the group.

As a result, therefore, we are inviting the supervisors from the various agencies in the State to come here for a meeting when the whole problem of ACTH as administered by a nurse will be discussed. I am quite sure we can secure help from some of our doctors who are interested in this problem and concerned about it. Miss Farrisey, and other members of the nursing staff will be glad to help too.

In the final analysis I am quite sure that we will make a contribution to the Public Health situation, and at the same time clarify and solve our own problems more effectively in this way. The members of the Massachusetts Organization for Public Health Nursing Board of Directors were very enthusiastic about the meeting, and will help us in circularizing information as well as making the plans. I think now no further correspondence will be necessary.

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

MEMORANDUM CONCERNING LOSS OF 2 MILLIGRAM RADIUM NEEDLE

This needle disappeared presumably from W-6 some time after 8:00 P.M. Friday, September 1, 1950. It is approximately one inch long; is made of platinum. Its appearance is similar to that of a short, slightly blunted nail with a needle eye. It may be attached to a black nylon suture and/or adhesive tape. It may have been carried out on the shoe of any person entering the suspected area. Cost of the needle is not particularly important but the harm to any one with whom the needle may be in contact is not small. If only 1 cm. away from the skin it will have delivered a therapeutic dose in 4 days leading to erythema and epitheliitis seven to fourteen days later. If in contact with the skin or near the skin for a longer period of time, more serious radiation damage would occur. There is, unfortunately, a delayed effect which would not be immediately apparent. Therefore, if anyone has any clue which may lead to the discovery of the whereabouts of this needle, please notify the Department of Radiology.

Distributed to each ward
Blood bank
OR + C.S.R.
Nursing office

Miss S. Perkins
Mrs. Sherman
Miss Hardemon
Bates
Nr. Super.

each nurses residence

C. L. Clay

Charles L. Clay, M.D.,
Assistant Director.

CLC/emm
9/8/50

Send precedent page
1 copy to Bo
1 copy to Nursing Office
1 copy - post on Nursing Office Bulletin Board - until Aug 1
1 copy to Miss Sleeper

Return to Miss Sleeper

File

JUL - 6 1950

July 5, 1950

File under S
Precedent book

MEMORANDUM

TO: Dr. Means
Dr. Bauer
Miss Sleeper

FROM: Dr. Clark

In reply to a memorandum of June 17th from Miss Sleeper, regarding requests made of Ward 4 by doctors for services and supplies for their individual patients, I have studied this situation and request that the Head Nurse on Ward 4 and the physicians concerned be informed that Ward 4 is not to honor requests from any physician for services and supplies for their individual patients.

Recently requests have been made for such items as sterile syringes, adhesive plaster, gauze, intravenous solutions, needles, medicines and boiling equipment. Doctors have asked to use space on Ward 4 for treatment of out-patients; also, to use the Ward as a waiting room for patients. There have even been requests that the Ward 4 special diet kitchen serve special diets for patients in other parts of the hospital. These and other similar practices are improper use of the facilities of Ward 4 and are not to be permitted.

Will you kindly refer any physician to me who may press the Head Nurse on Ward 4 to grant requests of the sort I have mentioned.

D.A.C.

Dean A. Clark, M.D.
General Director

DAC:efc

This Sleeper's copy

COPY

MEMORANDUM

To: Dr. Dean A. Clark

From: Drs. H. K. Beecher, B. D. Briggs and D. P. Todd

Subject: Reduction of operating room explosion hazards

It appears from published reports that most of the recent explosions have been due to static ignition. Reasonable measures should be taken against this source of trouble.

A good discussion of this problem is found in the Bureau of Mines Report of investigations 4833 on Static Electricity in Hospital Operating Rooms. The recommendations listed on pages 63 and 64 seem reasonable on the whole. We suggest that the measures listed below be followed. Some of these practices are already in effect here.

1. Only cotton blankets are to accompany patients to the operating floor. Blankets stored in warming chambers should not be used on patients anesthetized with inflammable anesthetics.

2. Covers for operating room table mattresses, pads and pillows are to be of conductive material.

3. All casters (including tires) on movable equipment in the operating room are to be of conductive material. Stools, chairs, and footstools requiring rubber tips are to use only those of conductive material.

4. Rubber masks, tubes and bags for anesthesia equipment are to be of the conductive type.

5. Leather shoes are to be worn at present. Some of the so-called conductive shoes have not proved satisfactory. Various devices to wear with any type of footwear for grounding the individual to the floor are available. Possibly some of these will prove satisfactory. At the present time the floor wax in the operating room suites andadjacent areas serve to coat the surface of any footwear and make it non-conductive. Consideration should be given to this situation and its correction before any action is taken in regard to requiring conductive footwear.

6. Only unpainted stools with conductive tips are to be used in anesthetizing situations with inflammable anesthetics. The tops are to be of bare metal and any upholstered covers are to be made of conductive material.

7. With the administration of inflammable anesthetics some method of equalization of static charges should be made in the absence of conductive floors. The 1-megohm resistance-type intercouplers are satisfactory; but are said to be damaged by rough use so that they become ineffective and that this condition can only be revealed by complicated (factory) check. A simpler method is the use of saline wet towels between operating table, anesthetist and

anesthesia apparatus. The use of the anesthetist's body to equalize charge on the several units (operating table, anesthesia machine, the patient) is said to be effective.

8. Only cotton outer garments are to be worn in the operating suites. Silk, rayon and nylon stockings are to be covered or not worn when there is possibility of contact with the rubber anesthesia bag.

9. Electrical equipment deficiencies are to be corrected by the maintenance department.

N.B. Much of the electrical equipment used at present in the operating rooms does not meet the standards of the electrical code. This is the case with extension cords, cautery and diathermy equipment, auxiliary lighting equipment, clinical diagnostic and testing devices.

Some procedures not absolutely essential to the care of the patient are of value for other reasons. Included in this group are such things as flash photography and photo-flood lights. This equipment in most instances does not meet the requirements for the electrical code, yet if properly used away from the dangerous concentration of anesthetic gases, the danger should be slight or non-existent.

10. The present storage facilities on W-3 for anesthetic agents and gases does not meet the code requirements. This must be corrected.

An examination of the gynecological operating room equipment for conductivity was done by Mr. Waite on May 14. The conductive equipment in this section possesses still satisfactory conductivity after 18 months' use. This included, operating table casters, mattresses, floors, rubber stool tips, anesthesia machine casters and table casters. A considerable number of the various conductive rubber anesthesia apparatus parts were examined. Except for four pieces, these were satisfactory.

The recommendations as given above seem reasonable and can be instituted without undue expense.

(Signed) Henry K. Beecher, M.D.

Miss Sleeper —
This is my request to Dr Clay
— thanks for your support.
B.D. Briggs

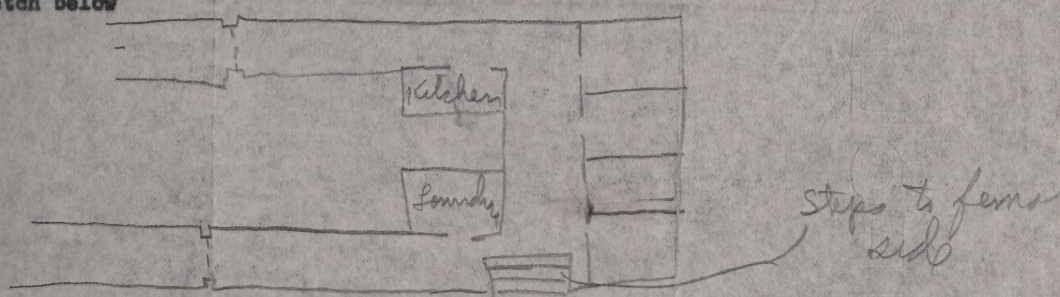
June 4

MEMORANDUM

To: Dr. Clay
From: Dr. Briggs
Subject: Housing of women residents

Yesterday Miss Sleeper and I went through the living quarters at 17, 19 and 21 Parkman Street. The rooms occupied by the two women residents certainly should have been cleaned before the new tenants moved in. With cleaning, painting, and a little fixing up these quarters could be reasonably comfortable. At present, when the quarters are unoccupied, it is ideal for doing this work in order to avoid the difficulties usually experienced in repairing occupied quarters. I would suggest that the rooms be painted, the floors be refinished and curtains or drapes provided for the windows. Some inexpensive floor coverings such as linoleum would make some of the rooms more cheerful.

We noted that in the section planned for the male house staff there was a laundry and a kitchen on the second and fourth floors. It would be helpful if one of these, possibly on the second floor, could be partitioned off for the use of the women. This could be done quite easily, if fire regulations would permit, as there are door frames already in the hallway, as shown in the sketch below



Doctors Koppel and Richter were pleased with the good beds they found in the rooms. It was a disappointment when Miss Viden said these beds were going to be taken out for the Nurses' Home. Some provision should be made for comfortable beds.

It would be helpful if necessary repairs could be done before the other occupants are moved into these quarters. Our department adds two women residents in July, two in August, and by September first we will have six needing housing. The entrance inside the yard is appreciated by the women. Suitable lighting fixtures should be installed to light the walk at the south end of Bartlett Hall.

Bernard D. Briggs, M.D.

June 6, 1951.

Dr. William S. Clark

Dear Dr. Clark:

Ward 4 will close for the summer on July 14th and reopen on September 17th.

Is there any reason why we should not set this as the approximate date of closing the ward regularly?

Do any of your group feel that Ward 4 should be kept open eleven months of the year? If so, will you be kind enough to give me the reasons therefor. Do you think the beds would be fully occupied if the ward is to remain open eleven out of the twelve months?

I am sure that the final decision concerning this latter point will rest with the General Director, Dr. Clark, because it will involve an additional financial outlay of sufficient amount to be of concern to him and the Trustees, therefore our reasons for keeping the ward open for this additional period of time must be good ones.

Thanking you in advance for helping us in this matter, I am,

Sincerely yours,

WB/F

Walter Bauer

P.S. In times past both the nurses and dietitian have requested that Ward 4 be kept open eleven months of the year. Their reason - they could not afford a two months' vacation and they preferred Ward 4 duty to interim work.

/c/ Miss Sleeper

October 23, 1951

Memorandum

To: Dr. Clark

From: Miss Sleeper

Miss Rae Simmons, the Supervisor who is working with problems pertaining to equipment, is naturally very disappointed that her plans for the use of the 3 x 3 sponge has failed. Before the change is actually made, I should like to lay several facts before you, and ask if there might be any reconsideration of this question if certain factors were made known to the men who are so unhappy about it. As you know, we have found Miss Simmons' judgment very reliable. She was for many years a very effective supervisor in the Operating Room here in the General Hospital, and she is not a person who makes snap judgments.

The figures for the years 1950 and 1951 show considerable savings after we really began to use the 3 x 3 sponge. This whole picture is somewhat confused, of course, by the fact that washed gauze was used through the year 1950 and not at all in the year 1951. The following figures will show what Miss Simmons is trying to prevent more clearly than I can say it in words.

Comparison of 1950 - 1951 Gauze Expenditure
Excluding Special Operating Room Gauze

1950 Jan. Feb. March		1951 Jan. Feb. March
New Gauze	$6,712.53	$7,530.84
Washed Gauze	393.82	.00
4x4 Curity sponges	1,397.11	3,926.52
4x4 Lisco	.00	2,505.11
	$8,503.46	$13,962.47
July Aug. Sept.		**July Aug. Sept.**
New Gauze	$6,552.92	$2,441.27
Washed Gauze	1,506.05	.00
4x4 Curity sponge	2,746.92	.00
3x3 Lisco	.00	4,981.96
	$10,805.89	$7,423.23
6 Month Total	$19,309.35	$21,385.70

21,385.70
19,309.35
2076.35

Cost of Gauze

1950		1951		
New Gauze	$4.64 /Bolt		$6.04 /Bolt	
4 x 4 Curity	$25.09 /Bolt	(last purchase)	$25.17 /Bolt	Present Price $30.05 10/17/51
4 x 4 Lisco	.0102 each		.0131 each or	$26.20 /2000 case
3 x 3 Lisco	?		.0069 each or	$27.60/ 4000 case

Not counting New Gauze, which was also used for sponges Jan-March 1951, we have saved $2,008.40 by using nothing but 3 x 3 sponges during July - Sept.

It seems to me one of those instances which is a repetition of previous history, when various individuals and departments are quite unwilling to be flexible enough to consider a change. Miss Simmons writes the following in her memorandum to me

"The very few complaints that I have had regarding the 3 x 3 sponge have not convinced me that they are inadequate. If the sponges topple over when a dressing towel is opened then that is a teaching problem, not the fault of the sponge. The placing of sponges on a wound is also a teaching problem plus a bit of good common sense. If there were absolutely no other type of gauze available for the occasional profusely draining wound, I would not be so distressed. But all one needs to do is ask for special material for that particular patient and it would be provided. If it is necessary for us to make the change I would like to propose that we begin on January 4, 1952 at the beginning of the first period, that we use 4 x 4 Curity sponges for ward, and after all of the 3 x 3 Lisco sponges have been used by the wards in place of washed gauze, that we either cut bolts of gauze or use Curity sponges in lieu of washed gauze. The laboratories, X-Ray, Blood Bank and Anesthesia Departments refuse to use Lisco sponges, and we are cutting up bolts of gauze at the present time. The Anesthesia Department has experimented with various materials."

When it has been possible in a three months period to save $3,382.00 on gauze alone this seems to be too important a matter to drop without thorough investigation. If we are not harming patients by using these small sponges, should we not consider a further trial period in order to save this amount of money? Surely $13,000 a year is worth slight inconvenience, especially since these inconveniences will soon disappear as new habits are built up in all the workers.

Ruth Slesper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

Copy given Miss Sleeper

MEMORANDUM

To: Dr. Dean A. Clark

From: Dr. H.K.Beecher and Dr. B.D.Briggs

Subject: Nurses' Operating Room Clothing

The attached directive from the Nursing Department, dated July 25, 1952, has been brought to our attention. Nurses have asked the reason for wearing cotton slips and cotton stockings.

We have been informed by the Nursing School Office that the basis for these recommendations is the memorandum on "Reduction of operating room explosion hazards" from this office (dated May 31, 1952). We can find nothing in these recommendations suggesting that it is necessary to wear cotton slips. On page 59 of the Bureau of Mines Report of Investigations 4833 the statement is made that "Undergarments are not included in this list, as repeated tests have failed to show that they contribute anything to a person's electrostatic charge when such garments are covered with a cotton gown or uniform. This is true regardless of the material of which they are made."

In regard to nylon or silk stockings: Current information is not conclusive as to their importance in developing a static hazard. It would seem that any danger of intimate contact with anesthesia equipment is not great, except in the case of the anesthetist. This concusion is substantiated by the statement on pages 59 and 60 of the Bureau of Mines publication. The intent of paragraph 8 in our previous memorandum was that anesthetists should prevent contact between the breathing bag and silk or nylon stockings. Possibly it may be sometime proven that silk and nylon stockings are hazards in the operating room for all personnel, but at present their prohibition does not appear to be indicated.

Henry K. Beecher

Bernard D. Briggs

July 29, 1952

MEMORANDUM

To: Dr. Dean A. Clark

From: Dr. H.K.Beecher and Dr. E.D.Bridges

Subject: Bureau Operating Room Clothing

The attached directive from the Nursing Department, dated July 25, 1952, has been brought to our attention. Nurses have asked the reason for wearing cotton slips and cotton stockings.

We have been informed by the Nursing School Office that the basis for these recommendations is the memorandum on "Reduction of operating room explosion hazards" from this office (dated May 21, 1952). We can find nothing in these recommendations suggesting that it is necessary to wear cotton slips. On page 50 of the Bureau of Mines Report of Investigations 4832 the statement is made that "Undergarments are not included in this list, as reported tests have failed to show that they contribute anything to a personal electrostatic charge when such garments are covered with a cotton gown or uniform. This is true regardless of the material of which they are made."

In regard to nylon or silk stockings: Static electricity is not conclusive as to their importance in developing a static hazard. It would seem that any barrier or intimate contact with conductive or semi-conductive is not great, except in the case of the anesthetist. This conclusion is supported by the statement on pages 50 and 60 of the Bureau of Mines publication. The intent of paragraph 8 in our previous memorandum is that anesthetists should prevent contact between the breathing bag and silk or nylon stockings. Possibly it may be somewhat proven that silk and nylon stockings are hazards in the operating room for all personnel, but at present their prohibition does not appear to be indicated.

July 29, 1952

Miss Sleeper

Return

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

Replacing Directive of July 25, 1952
Re: Prevention of Anesthesia Hazards

A new memorandum from the Anesthesia Department states that: "In regard to nylon or silk stockings: Current information is not conclusive as to their importance in developing a static hazard. It would seem that any danger of intimate contact with anesthesia equipment is not great, except in the case of the anesthetist.
.....The intent of paragraph 8 in our previous memorandum was that anesthetists should prevent contact between the breathing bag and silk or nylon stockings. Possibly it may be sometime proven that silk and nylon stockings are hazards in the operating room for all personnel, but at present their prohibition does not appear to be indicated."

This means that the Nursing Department need not require its personnel to wear cotton stockings in the operating rooms. Nylon slips may also be worn in the operating room.

Therefore, the only directive which remains is that Nursing Department personnel in the operating rooms are to wear leather soled shoes.

Ruth Sleeper

Ruth Sleeper, R. N.
Director of the School of Nursing
and Nursing Service

RS:MH
8/29/52

19-52 ✓

Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLEY
MCLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

September 9, 1952.

Memorandum:

To: Baker Admitting
Phillips House Admitting
Miss Sleeper ✓
Mr. Martin

SEP 11 1952

From: Dean A. Clark, M.D., General Director.

At the meeting of the Board of Trustees held on September 5, 1952, it was

VOTED: To discontinue temporarily all obstetrical services in Phillips House and Baker Memorial because of the lack of nurses with obstetrical experience.

Dean A. Clark

Dean A. Clark, M.D.,
General Director.

arm:cb

MASSACHUSETTS GENERAL HOSPITAL

NOV 19 1952

NOVEMBER 18, 1952

To: Department Heads

From: L. R. Lozer, M.D. Assistant Director

Subject: GUIDED TOURS BY VISITORS

Because we have so many requests from the general public to tour the hospital it seems warranted to at least attempt to meet these requests in an organized manner. We are most anxious not only to comply with these requests but to do so in such a way as to emphasize good community relations.

It is anticipated that we may be able to have available from each department representatives who can participate in such a program. Prior to formulating any definite ideas as to how this can be accomplished, it will be helpful for Mrs. Weiss and me to know which of your personnel would be interested in doing this. Department heads will have an opportunity to be familiar with any operative plans before any such plan becomes effective.

LRL/tw

MASSACHUSETTS GENERAL HOSPITAL

NOVEMBER 12, 1959

To: Department Heads

From: Lloyd E. Lozier, M.D. Assistant Director

Subject: GUIDED TOURS BY VISITORS

Recently we have so many requests from the General Public to tour the hospital it seems warranted to at least attempt to meet these requests in an organized manner. We are most anxious not only to comply with these requests but to derive in several way is emphasize good community relations.

It is anticipated that we may be able to have available from each department, representatives who can participate in such a program. Prior to formulating any definite ideas as to how this can be accomplished, it will be fair for me, here and now to know which if any department would be interested in doing this. Department heads will have an opportunity to be familiar with my operation as before any plan becomes effective.

LEL/tm

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

November 28, 1952

MEMORANDUM

TO: Dr. Lezer

FROM: Miss Sleeper

RE: Guided Tours for Visitors

The Nursing Department guides nurse visitors and applicants to the School of Nursing through the Hospital. This takes considerable time, but since we are able to control the time when they come reasonably well, we have been able to carry the load. We should like to continue this practice since these visitors all have special interests for which nurse guides are needed.

However, it would seem unwise to take more personnel from the care of patients, nor can we ask students to give any more off-duty time than they are currently giving for this purpose. Perhaps the new errand service could be used to help.

Ruth Sleeper, R.N
Director of the School of Nursing
and Nursing Service

RS:BF

1-115: 1D13-13a Superintendant of Nurses

I - School of Nursing